

This record is a partial extract of the original cable. The full text of the original cable is not available.

UNCLAS SECTION 01 OF 02 DUBLIN 000048

SIPDIS

SENSITIVE

E.O. 12958: N/A

TAGS: [EAID](#) [KHIV](#) [TBIO](#)

SUBJECT: IRELAND OPPOSES BROADENING GLOBAL FUND ELIGIBILITY CRITERIA

REF: A. STATE 6462

[1](#)B. PAMELA PEARSON E-MAIL OF 1/12/05 AND PREVIOUS

[1](#)C. 1-14 EMBASSY LONDON DAILY REPORT

[1](#)1. Summary: Ireland does not favor broadening Global Fund eligibility criteria to ensure that Upper-Middle Income (UMI) countries have access to Fund-related technical assistance and financing. Due to the Fund's resource constraints, Ireland supports a prioritization of assistance to countries where epidemics are most serious, particularly in Sub-Saharan Africa. According to Irish aid officials, UMI countries have their own resources and access to other international funding mechanisms to address their domestic needs. End summary.

[1](#)2. On January 13, Post delivered ref A talking points and ref B draft guideline text to Nicola Brennan, Senior Development Specialist for HIV/AIDS in Development Corporation Ireland (DCI, a division of the Department of Foreign Affairs (DFA)). Gerry O'Dwyer, DCI Consultant for the Global Fund, and David Weakliam, DCI Health Development Specialist, also attended the meeting. Brennan noted that the Department of Health and Children is not engaged on the Global Fund and defers to DFA on the subject. (O'Dwyer is a former Secretary General of the Health Department.)

Resources Too Constrained to Widen Eligibility

[1](#)3. Ireland does not favor broadening Global Fund eligibility criteria to ensure that Upper-Middle Income (UMI) countries, particularly in Eastern Europe and Latin America, have access to Fund-related technical assistance and financing, said Brennan. She observed that Ireland had taken this position in view of the Fund's resource constraints, which dictated a prioritization of assistance in favor of the poorest countries, particularly in Sub-Saharan Africa. (Note: Africa is the principal recipient of Ireland's official development assistance (ODA), a focus that derives from a history of Irish missionary efforts on the continent.) Brennan explained that the Global Fund was supposed to receive USD 7 billion per year in contributions, but had not secured even half that amount. Given this shortfall, Ireland believed that it would be dangerous to broaden the Fund's eligibility criteria and risk reductions in support for countries with the highest epidemic rates and weakest health care systems.

[1](#)4. Brennan noted that this position had been discussed thoroughly within the "Point Seven Constituency," a grouping of Ireland, Sweden, the Netherlands, Denmark, and Norway -- countries that had taken on the Millennium Declaration commitment to set aside 0.7 percent of GNP for ODA. (Ireland's ODA currently stands at 0.4 percent of GNP.) She added that Sweden, as the constituency's chair, would voice this position in the January 18 telcon by the Global Fund Portfolio Management and Procurement Committee (PMPC). O'Dwyer pointed out that the Point Seven Constituency had contributed roughly euro 175 million per year to the Fund.

UMI Countries Have Access to Alternative Resources

[1](#)5. Econoff explained that a failure to address current needs among UMI countries could lead to even more serious resource constraints for the Global Fund if epidemics in those countries were to reach higher levels. Brennan observed that the Global Fund was not the only international funding mechanism available to address epidemics. She noted that the World Bank, for example, had given substantial funding to Eastern Europe in recent years to combat HIV/AIDS. She also pointed out that UMI countries could apply for Global Fund assistance through a joint regional proposal, as eight Caribbean countries had recently done. Weakliam added that UMI countries, particularly in Eastern Europe, had more domestic resources upon which to draw to address their needs, as compared with Sub-Saharan Africa. He explained that Ethiopia spent USD 2 per year per capita on health, whereas UMI countries had the capacity to spend more than 100 times that amount.

[1](#)6. In reply, econoff cited UMI countries' willingness to take on a significant level of co-financing to secure Fund assistance. Econoff also mentioned that Ireland's position

against widening eligibility criteria could have the perverse effect of excluding South Africa -- the country with the largest absolute number of HIV-positive people -- from Fund assistance if South Africa were to enter the UMI bracket this year. Brennan responded that this scenario was a significant concern for Ireland and might merit a review of the country categorization methods used to determine Fund eligibility.

Comment: Suggestion for a Joint Demarche

17. Ireland's position is similar to views expressed by HMG in ref C. Also, Brennan mentioned that Latin American and Eastern European countries had not contacted the GOI on the eligibility issue. Post would suggest that Department consider a joint demarche with those countries to Ireland (and perhaps other Point Seven Constituency members) in the run-up to the April Global Fund Board meeting.

KENNY